

# DIABETES

## Brown Bag Lunch Series

Registration Deadline: Two (2) weeks prior to the program

Carol Ryan, Diabetes Prevention & Control Program  
Fax: 801-538-9495 **or** 801-538-6629

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Would anyone at this facility want  
Continuing Education Credits for:

Nursing: \_\_\_\_\_

Dietetics \_\_\_\_\_

Pharmacy \_\_\_\_\_

☐ Video Site  
Site Selection: \_\_\_\_\_

☐ Telephone hook-up

☐ PolyCom ViaVideo hook-up  
**PolyCom IP Address**

\_\_\_\_\_  
*(required for the University Hospital  
to accept link)*

Questions / topics you would like addressed ---